

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 18.00: RADIOLOGY

Section

- 18.01: General Provisions
- 18.02: General Definitions
- 18.03: General Rate Provisions
- 18.04: Maximum Allowable Fees
- 18.05: Severability

18.01: General Provisions

(1) Scope, Purpose and Effective Date. 114.3 CMR 18.00 governs the rates of payment used by all governmental units for radiology care and services rendered to publicly-aided patients by eligible providers. 114.3 CMR 18.00 is effective July 1, 2008. Rates for services rendered to individuals covered by M.G.L. c. 152 (the Worker's Compensation Act) are set forth in 114.3 CMR 40.00.

(2) Coverage. 114.3 CMR 18.00 and the rates of payment contained herein shall apply to the following situations for actual services rendered.

- (a) Radiology services rendered by an eligible provider who bills for services rendered and who performs these services in a private medical office, clinic, facility or other appropriate setting.
- (b) Radiology services rendered in a hospital by an eligible provider who is not under contractual arrangement with the hospital for radiology services.

The rates of payment under 114.3 CMR 18.00 are full compensation for patient care rendered to publicly aided patients, as well as for any related administrative or supervisory duties in connection with patient care and all associated overhead expenses.

(3) Disclaimer of Authorization of Services. 114.3 CMR 18.00 is not authorization for or approval of the procedures for which rates are determined pursuant to 114.3 CMR 18.00. Governmental units that purchase care are responsible for the definition, authorization, and approval of care and services extended to publicly aided clients.

(4) Coding Updates and Corrections. The Division may publish procedure code updates and corrections in the form of an Informational Bulletin. Updates may reference coding systems including but not limited to the American Medical Association's *Current Procedural Terminology (CPT)*. The publication of such updates and corrections will list:

- (a) codes for which only the code numbers change, with the corresponding cross references between existing and new codes;
- (b) deleted codes for which there are no corresponding new codes; and
- (c) codes for entirely new services that require pricing. The Division will list these codes and apply individual consideration (I.C.) reimbursement for these codes until appropriate rates can be developed.

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 18.00: RADIOLOGY

(d) for entirely new codes that require new pricing and have Medicare assigned relative value units (RVUs), the Division may list these codes and price them according to the rate methodology used in setting physician rates. When RVUS are not available, the Division may apply individual consideration in reimbursing for these new codes until appropriate rates can be developed.

(5) Administrative Bulletins. The Division may issue Administrative Bulletins to clarify its policy on and understanding of substantive provisions of 114.3 CMR 18.00.

18.02: General Definitions

Meaning of Terms. The descriptions and five-digit codes included in 114.3 CMR 18.00 utilize the Healthcare Common Procedure Code System (HCPCS) for Level I and Level II coding. Level I CPT-4 codes are obtained from the Physicians' *Current Procedural Terminology*, copyright 2007 by the American Medical Association (CPT) unless otherwise specified. Level II codes are obtained from 2008 HCPCS maintained jointly by the Centers for Medicare and Medicaid Services (CMS), the Blue Cross and Blue Shield Association, and the Health Insurance Association of America. HCPCS is a listing of descriptive terms and identifying codes and modifiers for reporting medical services and procedures performed by physicians and other healthcare professionals, as well as associated non-physician services. No fee schedules, basic unit value, relative value guides, conversion factors or scales are included in any part of the Physicians' *Current Procedure Terminology*.

114.3 CMR 18.00 includes only HCPCS numeric and alpha-numeric identifying codes and modifiers for reporting medical services and procedures that were selected by the Massachusetts Division of Health Care Finance and Policy. Any use of CPT outside the fee schedule should refer to the Physicians' *Current Procedural Terminology*. All rights reserved.

In addition, terms used in 114.3 CMR 18.00 shall have the meanings set forth in 114.3 CMR 18.02.

Eligible Provider. A licensed physician, licensed osteopath, licensed podiatrist, licensed dentist, or licensed chiropractor other than an intern, resident, fellow or house officer, who also meets such conditions of participation as may be adopted from time to time by a governmental unit.

A provider of therapeutic and diagnostic radiology services who must provide such services in accordance with generally accepted professional standards and in accordance with state licensing requirements and/or certification by national credentialing bodies as required by law. Such radiology services may be rendered by eligible providers such as, but not limited to, independent diagnostic testing facilities (IDTFs). These eligible providers must be physically and financially independent of a hospital or a physician's office. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A provider of radiation oncology services, who must provide such services in accordance with generally accepted professional standards and in accordance with state licensing requirements and/or certification by national credentialing bodies, as required by law. Radiation

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 18.00: RADIOLOGY

oncology services may be rendered by eligible providers such as, but not limited to, independent radiation oncology centers. These eligible providers must be physically and financially independent of a hospital or a physician's office. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A clinic licensed by the Massachusetts Department of Public Health in accordance with regulation 105 CMR 140.000 to provide radiology services. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

Eligible Mid-Level Practitioner.

A licensed registered nurse who is authorized by the Board of Registration in Nursing to practice as a nurse practitioner, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A licensed registered nurse who is authorized by the Board of Registration in Nursing to practice as a nurse midwife, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A licensed physician assistant, who is authorized by the Board of Registration for Physician Assistants to practice as a physician assistant, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a government unit.

Governmental Unit. The Commonwealth, any department, agency, board or commission of the Commonwealth and any political subdivision of the Commonwealth.

Individual Consideration. Radiology services which are authorized but not listed herein, radiology services performed in unusual circumstances, and services designated "I.C." are individually considered items. The governmental unit or purchaser shall analyze the eligible provider's report of services rendered and charges submitted under the appropriate unlisted services or procedures category. Determination of appropriate payment for procedures designated I.C. shall be in accordance with the following standards and criteria:

- (a) the amount of time required to perform the service;
- (b) the degree of skill required to perform the service;
- (c) the severity or complexity of the patient's disease, disorder or disability;
- (d) any applicable relative value studies;
- (e) any complications or other circumstances that may be deemed relevant
- (f) the policies, procedures and practices of other third party insurers;
- (g) the payment rate for prescribed drugs as set forth in 114.3 CMR 31.00; and
- (h) a copy of the current invoice from the supplier.

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 18.00: RADIOLOGY

Modifiers. Listed services and procedures may be modified under certain circumstances. When applicable, the modifying circumstances should be identified by the addition of the appropriate two digit number.

Publicly Aided Individual. A person for whose medical and other services a governmental unit is in whole or in part liable under a statutory program.

Radiology Services. Radiology services including diagnostic ultrasound, radiation oncology and nuclear medicine provided for the assessment and/or treatment of a medical condition, injury, or illness.

Separate Procedure. Some of the listed procedures are commonly carried out as an integral part of a total service, and as such do not warrant a separate identification. When, however, such a procedure is performed independently of, and is not immediately related to, other services, it may be listed as a "separate procedure."

Special Report. A service that is rarely provided, unusual, variable, or new may require a special report in determining medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure; and the time, effort, and equipment necessary to provide the service.

Supervision and Interpretation Only. When a procedure is performed by two eligible physicians, the radiologic portion of the procedure is designated as "radiological supervision and interpretation." When an eligible physician performs both the procedure and the imaging supervision and interpretation, a combination of procedure codes outside the 70000 series and imaging supervision and interpretation codes are to be used. The radiological supervision and interpretation codes are not applicable to the Radiology Oncology subsection.

Unlisted Service or Procedure. A service or procedure may be provided that is covered but not listed in 114.3 CMR 18.04. When reporting such a service, the appropriate "Unlisted Procedure" code may be used to indicate the service, identifying it by "Special Report".

18.03: General Rate Provisions

(1) Rate Determination. Rates of payment to which 114.3 CMR 18.00 applies shall be the lowest of:

- (a) the eligible provider's usual fee to patients other than publicly-aided or industrial accident patients; or
- (b) the eligible provider's actual charge submitted; or
- (c) the schedule of allowable fees set forth in 114.3 CMR 18.04(2).

(2) Supplemental Payment

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 18.00: RADIOLOGY

(a) Eligibility. An eligible provider may receive a supplemental payment for services to publicly aided individuals eligible under Titles XIX and XXI of the Social Security Act if the following conditions are met:

1. the eligible provider is employed by a non-profit group practice that was established in accordance with St.1997 c.163 and is affiliated with a Commonwealth-owned medical school;
2. such non-profit group practice shall have been established on or before January 1, 2000 in order to support the purposes of a teaching hospital affiliated with and appurtenant to a Commonwealth-owned medical school; and
3. the services are provided at a teaching hospital affiliated with and appurtenant to a Commonwealth-owned medical school.

(b) Payment Method. This supplemental payment may not exceed the difference between:

1. payments to the eligible provider made pursuant to the rates applicable under 114.3 CMR 18.03(1), and
2. the Federal upper payment limit set forth in 42 CFR 447.325.

(3) Under no circumstances shall the sum of the professional and technical components of an individual procedure be greater than the allowable global fee set forth in 114.3 CMR 18.04(2).

(4) Allowable Mid-Level Fee for Qualified Mid-Level Practitioners. Payments for services provided by eligible licensed nurse practitioner, eligible licensed nurse midwives and eligible licensed physician assistants as specified in 114.3 CMR 18.02 shall be 85% of the fees contained in 114.3 CMR 18.04(2).

(5) CPT Category III Codes. All radiology related CPT category III codes are included as a part of this regulation and have an assigned fee of I.C.

18.04: Maximum Allowable Fees

Unless otherwise specified, guidelines, notes and definitions provided in the 2008 CPT Coding Handbook are applicable to the use of the procedure codes and descriptions listed in 114.3 CMR 18.04(2).

(1) Modifiers:

-26: Professional Component. The component of a service or procedure representing the physicians' work interpreting or performing the service or procedure. When the physician component is reported separately, the addition of modifier '-26' to the procedure code will allow the professional component allowable fee (PC Fee) contained in 114.3 CMR 18.04(2) to be paid.

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 18.00: RADIOLOGY

-51: Multiple Procedures. Most radiology services do not require modifier 51. Modifier 51 applies only to nuclear medicine procedure codes 78306, 78320, 78802, 78803, 78806, 78807 and should be used only when a whole body bone, tumor or infection study is performed on the same day prior to a SPECT bone, tumor, or infection study, respectively. Under these circumstance, the modifier must be used to report multiple procedures performed at the same session. The service code for the major procedure or service must be reported without a modifier. The secondary, additional or lesser procedure(s) must be identified by adding the modifier '-51' to the end of the service code for the secondary procedure(s). The addition of the modifier '-51' to the second and subsequent procedure codes allows 50% of the allowable fee contained in 114.3 CMR 18.04(2) to be paid to the eligible provider.

Note: This modifier should not be used with designated "add-on" codes or with codes in which the narrative begins with "each additional".

-52: Reduced Services. Under certain circumstances, a service or procedure is partially reduced or eliminated at the physician's election. Under these circumstances, the service provided can be identified by its usual procedure number and the addition of the modifier '-52', signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service.

-59: Distinct Procedural Service. To identify a procedure distinct or independent from other services performed on the same day add the modifier '-59' to the end of the appropriate service code. Modifier '-59' is used to identify services/procedures that are not normally reported together, but are appropriate under certain circumstances, for example, different site or organ system. However, when another already established modifier is appropriate it should be used rather than modifier '-59'.

-HN: Bachelor's Degree Level. (Use to indicate Physician Assistant) (This modifier is to be applied to service codes billed by a physician which were performed by a physician assistant employed by the physician or group practice.)

-SA: Nurse Practitioner rendering service in collaboration with a physician. (This modifier is to be applied to service codes billed by a physician which were performed by a non-independent nurse practitioner employed by the physician or group practice.) (An independent nurse practitioner billing under his/her own individual provider number should not use this modifier.)

-SB: Nurse Midwife. (This modifier is to be applied to service codes billed by a physician which were performed by a non-independent nurse midwife employed

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 18.00: RADIOLOGY

by the physician or group practice.) (An independent nurse midwife billing under his/her own individual provider number should not use this modifier.)

-TC: Pertains to the technical component for certain radiological procedures.
Certain procedures are a combination of a physician, or professional component, and a technical component. When the technical component is reported separately, the addition of modifier '-TC' to the procedure code will allow the technical component allowable fee (TC Fee) contained in 114.3 CMR 18.04(2) to be paid.

(2) Fee Schedule

CODE	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
70010	163.83	47.53	116.30	Myelography, posterior fossa, radiological supervision and interpretation
70015	113.79	48.51	65.28	Cisternography, positive contrast, radiological supervision and interpretation
70030	23.27	6.95	16.32	Radiologic examination, eye, for detection of foreign body
70100	25.86	7.23	18.64	Radiologic examination, mandible; partial, less than four views
70110	32.88	9.84	23.04	Radiologic examination, mandible; complete, minimum of four views
70120	28.94	7.23	21.72	Radiologic examination, mastoids; less than three views per side
70130	44.76	13.56	31.20	Radiologic examination, mastoids; complete, minimum of three views per side
70134	39.80	13.56	26.24	Radiologic examination, internal auditory meati, complete
70140	26.90	7.50	19.40	Radiologic examination, facial bones; less than three views
70150	36.69	10.12	26.57	Radiologic examination, facial bones; complete, minimum of three views
70160	26.58	6.95	19.63	Radiologic examination, nasal bones, complete, minimum of three views
70170	49.61	11.90	36.44	Dacryocystography, nasolacrimal duct, radiological supervision and interpretation
70190	30.44	8.39	22.05	Radiologic examination; optic foramina
70200	37.91	11.01	26.90	Radiologic examination; orbits, complete, minimum of four views
70210	26.35	6.62	19.73	Radiologic examination, sinuses, paranasal, less than three views
70220	34.75	9.84	24.91	Radiologic examination, sinuses, paranasal, complete, minimum of three views
70240	23.83	7.50	16.32	Radiologic examination, sella turcica
70250	30.62	9.23	21.39	Radiologic examination, skull; less than four views
70260	42.33	13.56	28.77	Radiologic examination, skull; complete, minimum of four views
70300	12.37	4.33	8.04	Radiologic examination, teeth; single view
70310	26.63	6.67	19.96	Radiologic examination, teeth; partial examination, less than full mouth
70320	39.54	9.00	30.54	Radiologic examination, teeth; complete, full mouth
70328	25.20	7.23	17.98	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral
70330	39.77	9.56	30.21	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral
70332	80.32	21.46	58.86	Temporomandibular joint arthrography, radiological supervision and interpretation
70336	450.79	59.37	391.42	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)
70350	18.30	6.95	11.35	Cephalogram, orthodontic
70355	22.22	8.11	14.10	Orthopantogram

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 18.00: RADIOLOGY

CODE	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
70360	22.61	6.95	15.66	Radiologic examination; neck, soft tissue
70370	61.30	12.46	48.85	Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique
70371	90.78	33.24	57.54	Complex dynamic pharyngeal and speech evaluation by cine or video recording
70373	73.34	17.01	56.33	Laryngography, contrast, radiological supervision and interpretation
70380	31.64	6.95	24.70	Radiologic examination, salivary gland for calculus
70390	83.92	15.34	68.58	Sialography, radiological supervision and interpretation
70450	194.17	34.19	159.98	Computed tomography, head or brain; without contrast material
70460	246.97	45.53	201.45	Computed tomography, head or brain; with contrast material(s)
70470	299.94	50.97	248.97	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections
70480	267.85	51.25	216.60	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material
70481	312.77	55.37	257.40	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)
70482	363.57	57.98	305.58	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections
70486	234.92	45.47	189.45	Computed tomography, maxillofacial area; without contrast material
70487	283.39	52.47	230.91	Computed tomography, maxillofacial area; with contrast material(s)
70488	345.85	56.82	289.03	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections
70490	235.07	51.58	183.49	Computed tomography, soft tissue neck; without contrast material
70491	280.65	55.37	225.28	Computed tomography, soft tissue neck; with contrast material(s)
70492	340.72	57.98	282.74	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections
70496	531.16	70.43	460.73	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing
70498	533.48	70.76	462.72	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing
70540	474.77	53.87	420.90	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)
70542	541.51	64.93	476.58	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)
70543	814.53	86.00	728.53	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences
70544	501.81	48.14	453.66	Magnetic resonance angiography, head; without contrast material(s)
70545	499.82	48.14	451.68	Magnetic resonance angiography, head; with contrast material(s)
70546	843.66	72.16	771.50	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences
70547	500.48	47.81	452.67	Magnetic resonance angiography, neck; without contrast material(s)
70548	515.05	48.14	466.91	Magnetic resonance angiography, neck; with contrast material(s)
70549	843.66	72.16	771.50	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences
70551	488.20	59.37	428.83	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material
70552	557.09	71.60	485.49	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 18.00: RADIOLOGY

CODE	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
70553	820.54	94.51	726.04	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences
70554	589.17	83.89	505.28	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration
70555	591.22	103.06	488.16	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing
70557		118.42		Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material
70558		130.20		Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); with contrast material(s)
70559		131.29		Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material(s), followed by contrast material(s) and further sequences
71010	21.56	7.23	14.33	Radiologic examination, chest; single view, frontal
71015	25.71	8.39	17.31	Radiologic examination, chest; stereo, frontal
71020	28.07	8.67	19.40	Radiologic examination, chest, two views, frontal and lateral;
71021	34.32	10.73	23.59	Radiologic examination, chest, two views, frontal and lateral; with apical lordotic procedure
71022	38.41	12.18	26.24	Radiologic examination, chest, two views, frontal and lateral; with oblique projections
71023	52.62	15.46	37.16	Radiologic examination, chest, two views, frontal and lateral; with fluoroscopy
71030	39.74	12.18	27.56	Radiologic examination, chest, complete, minimum of four views;
71034	76.24	19.23	57.01	Radiologic examination, chest, complete, minimum of four views; with fluoroscopy
71035	28.18	7.23	20.96	Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)
71040	79.80	22.79	57.01	Bronchography, unilateral, radiological supervision and interpretation
71060	116.13	29.58	86.55	Bronchography, bilateral, radiological supervision and interpretation
71090	87.22	23.45	62.97	Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation
71100	28.07	8.67	19.40	Radiologic examination, ribs, unilateral; two views
71101	33.77	10.73	23.04	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of three views
71110	35.97	10.73	25.24	Radiologic examination, ribs, bilateral; three views
71111	44.54	12.46	32.08	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of four views
71120	29.17	8.11	21.05	Radiologic examination; sternum, minimum of two views
71130	32.38	8.67	23.70	Radiologic examination; sternoclavicular joint or joints, minimum of three views
71250	251.00	46.36	204.64	Computed tomography, thorax; without contrast material
71260	299.88	49.59	250.29	Computed tomography, thorax; with contrast material(s)

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 18.00: RADIOLOGY

CODE	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
71270	370.17	55.37	314.80	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections
71275	474.10	77.37	396.73	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing
71550	516.21	58.26	457.94	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)
71551	589.90	69.21	520.69	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)
71552	877.73	90.72	787.01	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences
71555	513.85	73.10	440.75	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)
72010	57.32	17.62	39.69	Radiologic examination, spine, entire, survey study, anteroposterior and lateral
72020	20.39	6.06	14.33	Radiologic examination, spine, single view, specify level
72040	31.05	8.67	22.38	Radiologic examination, spine, cervical; two or three views
72050	44.26	12.18	32.08	Radiologic examination, spine, cervical; minimum of four views
72052	55.47	14.45	41.02	Radiologic examination, spine, cervical; complete, including oblique and flexion and/or extension studies
72069	28.64	9.00	19.63	Radiologic examination, spine, thoracolumbar, standing (scoliosis)
72070	29.73	8.67	21.05	Radiologic examination, spine; thoracic, two views
72072	33.25	8.67	24.58	Radiologic examination, spine; thoracic, three views
72074	39.43	8.67	30.75	Radiologic examination, spine; thoracic, minimum of four views
72080	30.72	8.67	22.05	Radiologic examination, spine; thoracolumbar, two views
72090	38.35	11.34	27.01	Radiologic examination, spine; scoliosis study, including supine and erect studies
72100	32.71	8.67	24.03	Radiologic examination, spine, lumbosacral; two or three views
72110	45.58	12.18	33.40	Radiologic examination, spine, lumbosacral; minimum of four views
72114	59.11	14.45	44.66	Radiologic examination, spine, lumbosacral; complete, including bending views
72120	41.08	8.67	32.41	Radiologic examination, spine, lumbosacral, bending views only, minimum of four views
72125	251.34	46.36	204.97	Computed tomography, cervical spine; without contrast material
72126	298.99	48.70	250.29	Computed tomography, cervical spine; with contrast material
72127	366.43	50.97	315.46	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections
72128	251.00	46.36	204.64	Computed tomography, thoracic spine; without contrast material
72129	299.33	49.03	250.29	Computed tomography, thoracic spine; with contrast material
72130	365.44	50.97	314.47	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections
72131	250.67	46.36	204.31	Computed tomography, lumbar spine; without contrast material
72132	298.66	48.70	249.96	Computed tomography, lumbar spine; with contrast material
72133	366.10	50.97	315.13	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections
72141	459.43	64.04	395.39	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material
72142	562.20	77.04	485.16	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 18.00: RADIOLOGY

CODE	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
72146	481.37	64.04	417.33	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material
72147	528.43	77.04	451.39	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)
72148	476.36	59.37	416.99	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material
72149	556.10	71.60	484.50	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)
72156	822.98	102.90	720.08	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical
72157	796.82	102.90	693.92	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic
72158	814.25	94.51	719.75	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar
72159	523.02	70.60	452.42	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)
72170	23.27	6.95	16.32	Radiologic examination, pelvis; one or two views
72190	33.09	8.39	24.70	Radiologic examination, pelvis; complete, minimum of three views
72191	457.58	73.10	384.48	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing
72192	241.77	43.75	198.02	Computed tomography, pelvis; without contrast material
72193	285.85	46.69	239.15	Computed tomography, pelvis; with contrast material(s)
72194	359.21	48.70	310.51	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections
72195	484.09	58.26	425.83	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)
72196	550.50	69.54	480.96	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
72197	823.29	90.39	732.90	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences
72198	509.60	72.16	437.44	Magnetic resonance angiography, pelvis, with or without contrast material(s)
72200	24.92	6.95	17.98	Radiologic examination, sacroiliac joints; less than three views
72202	29.88	7.50	22.38	Radiologic examination, sacroiliac joints; three or more views
72220	26.01	6.95	19.07	Radiologic examination, sacrum and coccyx, minimum of two views
72240	157.44	36.19	121.24	Myelography, cervical, radiological supervision and interpretation
72255	144.54	35.53	109.01	Myelography, thoracic, radiological supervision and interpretation
72265	142.31	32.96	109.34	Myelography, lumbosacral, radiological supervision and interpretation
72270	219.98	53.31	166.66	Myelography, two or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation
72275	93.67	28.69	64.98	Epidurography, radiological supervision and interpretation
72285	211.63	44.81	166.83	Discography, cervical or thoracic, radiological supervision and interpretation
72291		54.27		Radiological supervision and interpretation, percutaneous vertebroplasty or vertebral augmentation including cavity creation, per vertebral body; under fluoroscopic guidance

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 18.00: RADIOLOGY

CODE	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
72292		56.24		Radiological supervision and interpretation, percutaneous vertebroplasty or vertebral augmentation including cavity creation, per vertebral body; under CT guidance
72295	191.96	33.06	158.90	Discography, lumbar, radiological supervision and interpretation
73000	23.65	6.34	17.31	Radiologic examination; clavicle, complete
73010	24.59	6.95	17.65	Radiologic examination; scapula, complete
73020	20.72	6.06	14.67	Radiologic examination, shoulder; one view
73030	25.96	7.23	18.74	Radiologic examination, shoulder; complete, minimum of two views
73040	93.23	21.79	71.44	Radiologic examination, shoulder, arthrography, radiological supervision and interpretation
73050	30.82	8.11	22.71	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction
73060	25.68	6.95	18.74	Radiologic examination; humerus, minimum of two views
73070	23.37	6.06	17.31	Radiologic examination, elbow; two views
73080	28.66	6.95	21.72	Radiologic examination, elbow; complete, minimum of three views
73085	86.61	21.79	64.82	Radiologic examination, elbow, arthrography, radiological supervision and interpretation
73090	23.65	6.34	17.31	Radiologic examination; forearm, two views
73092	23.65	6.34	17.31	Radiologic examination; upper extremity, infant, minimum of two views
73100	23.98	6.34	17.65	Radiologic examination, wrist; two views
73110	27.90	6.95	20.96	Radiologic examination, wrist; complete, minimum of three views
73115	85.19	21.46	63.73	Radiologic examination, wrist, arthrography, radiological supervision and interpretation
73120	23.32	6.34	16.98	Radiologic examination, hand; two views
73130	26.25	6.95	19.30	Radiologic examination, hand; minimum of three views
73140	23.14	5.17	17.98	Radiologic examination, finger(s), minimum of two views
73200	230.88	43.75	187.13	Computed tomography, upper extremity; without contrast material
73201	275.17	46.36	228.81	Computed tomography, upper extremity; with contrast material(s)
73202	347.76	48.70	299.06	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections
73206	432.74	73.10	359.65	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing
73218	482.71	53.87	428.84	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)
73219	543.50	64.93	478.57	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)
73220	819.49	86.33	733.16	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73221	464.50	53.87	410.63	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)
73222	525.29	64.93	460.36	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)
73223	794.99	86.00	709.00	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences
73225	498.80	67.98	430.82	Magnetic resonance angiography, upper extremity, with or without contrast material(s)
73500	22.27	6.95	15.33	Radiologic examination, hip, unilateral; one view

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 18.00: RADIOLOGY

CODE	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
73510	30.44	8.39	22.05	Radiologic examination, hip, unilateral; complete, minimum of two views
73520	33.82	10.45	23.37	Radiologic examination, hips, bilateral, minimum of two views of each hip, including anteroposterior view of pelvis
73525	86.50	21.68	64.82	Radiologic examination, hip, arthrography, radiological supervision and interpretation
73530	31.73	11.62	19.16	Radiologic examination, hip, during operative procedure
73540	30.49	8.11	22.38	Radiologic examination, pelvis and hips, infant or child, minimum of two views
73542	75.97	22.08	53.89	Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation
73550	25.35	6.95	18.41	Radiologic examination, femur, two views
73560	24.59	6.95	17.65	Radiologic examination, knee; one or two views
73562	28.61	7.23	21.39	Radiologic examination, knee; three views
73564	32.71	8.67	24.03	Radiologic examination, knee; complete, four or more views
73565	25.25	6.95	18.31	Radiologic examination, knee; both knees, standing, anteroposterior
73580	107.45	21.68	85.78	Radiologic examination, knee, arthrography, radiological supervision and interpretation
73590	23.93	6.95	16.98	Radiologic examination; tibia and fibula, two views
73592	23.65	6.34	17.31	Radiologic examination; lower extremity, infant, minimum of two views
73600	23.32	6.34	16.98	Radiologic examination, ankle; two views
73610	26.25	6.95	19.30	Radiologic examination, ankle; complete, minimum of three views
73615	89.14	21.68	67.47	Radiologic examination, ankle, arthrography, radiological supervision and interpretation
73620	22.99	6.34	16.65	Radiologic examination, foot; two views
73630	26.25	6.95	19.30	Radiologic examination, foot; complete, minimum of three views
73650	22.66	6.34	16.32	Radiologic examination; calcaneus, minimum of two views
73660	22.48	5.17	17.31	Radiologic examination; toe(s), minimum of two views
73700	230.88	43.75	187.13	Computed tomography, lower extremity; without contrast material
73701	276.50	46.69	229.80	Computed tomography, lower extremity; with contrast material(s)
73702	350.74	49.03	301.71	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections
73706	459.43	76.93	382.49	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing
73718	476.42	53.87	422.55	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)
73719	543.50	64.93	478.57	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)
73720	818.17	86.00	732.17	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73721	469.80	53.87	415.93	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material
73722	528.27	64.93	463.34	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)
73723	794.99	86.33	708.66	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 18.00: RADIOLOGY

CODE	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
73725	511.15	73.04	438.10	Magnetic resonance angiography, lower extremity, with or without contrast material(s)
74000	22.88	7.23	15.66	Radiologic examination, abdomen; single anteroposterior view
74010	31.33	9.28	22.05	Radiologic examination, abdomen; anteroposterior and additional oblique and cone views
74020	33.77	10.73	23.04	Radiologic examination, abdomen; complete, including decubitus and/or erect views
74022	40.35	12.79	27.56	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest
74150	241.69	47.86	193.83	Computed tomography, abdomen; without contrast material
74160	310.98	51.30	259.68	Computed tomography, abdomen; with contrast material(s)
74170	399.55	56.26	343.29	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections
74175	475.65	76.27	399.38	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing
74181	451.31	58.59	392.72	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
74182	582.29	69.54	512.75	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)
74183	823.62	90.39	733.23	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences
74185	509.60	72.16	437.44	Magnetic resonance angiography, abdomen, with or without contrast material(s)
74190	70.60	19.12	49.57	Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation
74210	62.75	14.45	48.30	Radiologic examination; pharynx and/or cervical esophagus
74220	70.18	18.57	51.61	Radiologic examination; esophagus
74230	73.67	21.18	52.49	Swallowing function, with cineradiography/videoradiography
74235	148.86	48.53	98.33	Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation
74240	87.84	27.85	59.99	Radiologic examination, gastrointestinal tract, upper; with or without delayed films, without KUB
74241	92.47	27.52	64.95	Radiologic examination, gastrointestinal tract, upper; with or without delayed films, with KUB
74245	138.97	36.52	102.45	Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial films
74246	99.52	27.85	71.67	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed films, without KUB
74247	107.35	27.85	79.50	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed films, with KUB
74249	148.78	36.52	112.26	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through
74250	80.27	18.85	61.43	Radiologic examination, small intestine, includes multiple serial films;
74251	212.77	27.85	184.92	Radiologic examination, small intestine, includes multiple serial films; via enteroclysis tube
74260	180.98	20.01	160.97	Duodenography, hypotonic

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 18.00: RADIOLOGY

CODE	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
74270	113.64	27.85	85.79	Radiologic examination, colon; barium enema, with or without KUB
74280	155.44	39.42	116.02	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon
74283	172.23	80.50	91.73	Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus)
74290	50.28	12.79	37.49	Cholecystography, oral contrast;
74291	40.00	8.11	31.88	Cholecystography, oral contrast; additional or repeat examination or multiple day examination
74300		14.45		Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation
74301		8.39		Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)
74305	47.86	17.12	29.52	Cholangiography and/or pancreatography; through existing catheter, radiological supervision and interpretation
74320	109.54	21.79	87.74	Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation
74327	104.65	28.13	76.52	Postoperative biliary duct calculus removal, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique), radiological supervision and interpretation
74328	148.70	28.46	118.45	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation
74329	146.81	28.46	116.58	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation
74330	158.24	36.24	119.25	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation
74340	121.70	21.79	98.37	Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and films, radiological supervision and interpretation
74355	131.91	30.47	98.97	Percutaneous placement of enteroclysis tube, radiological supervision and interpretation
74360	141.55	22.45	117.93	Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation
74363	266.29	35.35	227.84	Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation
74400	89.97	19.73	70.23	Urography (pyelography), intravenous, with or without KUB, with or without tomography
74410	95.93	19.73	76.19	Urography, infusion, drip technique and/or bolus technique;
74415	108.72	19.73	88.99	Urography, infusion, drip technique and/or bolus technique; with nephrotomography
74420	113.91	14.78	98.23	Urography, retrograde, with or without KUB
74425	64.61	14.78	48.93	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation
74430	62.30	13.00	49.29	Cystography, minimum of 3 views, radiological supervision and interpretation
74440	67.95	15.34	52.61	Vasography, vesiculography, or epididymography, radiological supervision and interpretation
74445	92.45	46.90	42.56	Corpora cavernosography, radiological supervision and interpretation
74450	69.48	13.61	54.96	Urethrocystography, retrograde, radiological supervision and interpretation

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 18.00: RADIOLOGY

CODE	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
74455	76.02	13.61	62.40	Urethrocystography, voiding, radiological supervision and interpretation
74470	71.30	21.46	46.90	Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation
74475	125.84	21.79	104.05	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation
74480	125.84	21.79	104.05	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation
74485	112.07	22.01	90.06	Dilation of nephrostomy, ureters, or urethra, radiological supervision and interpretation
74710	41.00	13.56	27.44	Pelvimetry, with or without placental localization
74740	65.51	15.34	50.17	Hysterosalpingography, radiological supervision and interpretation
74742	143.30	24.29	116.83	Transcervical catheterization of fallopian tube, radiological supervision and interpretation
74775	81.87	24.90	54.76	Perineogram (eg, vaginogram, for sex determination or extent of anomalies)
75557	459.54	98.86	360.68	Cardiac magnetic resonance imaging for morphology and function without contrast material;
75558	505.75	94.80	410.95	Cardiac magnetic resonance imaging for morphology and function without contrast material; with flow/velocity quantification
75559	674.61	126.53	548.07	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
75560	662.74	108.94	553.80	Cardiac magnetic resonance imaging for morphology and function without contrast material; with flow/velocity quantification and stress
75561	624.61	109.37	515.24	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;
75562	657.16	104.04	553.12	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with flow/velocity quantification
75563	776.36	131.79	644.58	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging
75564	772.70	121.79	650.91	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with flow/velocity quantification and stress
75600	346.56	21.39	325.17	Aortography, thoracic, without serialography, radiological supervision and interpretation
75605	320.98	47.46	273.52	Aortography, thoracic, by serialography, radiological supervision and interpretation
75625	317.55	46.35	271.20	Aortography, abdominal, by serialography, radiological supervision and interpretation
75630	357.16	74.18	282.99	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation
75635	568.38	97.49	470.89	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing
75650	332.17	60.64	271.53	Angiography, cervicocerebral, catheter, including vessel origin, radiological supervision and interpretation

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 18.00: RADIOLOGY

CODE	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
75658	330.46	53.30	277.16	Angiography, brachial, retrograde, radiological supervision and interpretation
75660	332.23	53.41	278.82	Angiography, external carotid, unilateral, selective, radiological supervision and interpretation
75662	363.19	69.14	294.05	Angiography, external carotid, bilateral, selective, radiological supervision and interpretation
75665	336.52	53.73	282.79	Angiography, carotid, cerebral, unilateral, radiological supervision and interpretation
75671	364.07	67.37	296.70	Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation
75676	332.12	53.30	278.82	Angiography, carotid, cervical, unilateral, radiological supervision and interpretation
75680	355.79	67.70	288.09	Angiography, carotid, cervical, bilateral, radiological supervision and interpretation
75685	332.23	53.41	278.82	Angiography, vertebral, cervical, and/or intracranial, radiological supervision and interpretation
75705	367.29	88.80	278.49	Angiography, spinal, selective, radiological supervision and interpretation
75710	328.03	46.90	281.14	Angiography, extremity, unilateral, radiological supervision and interpretation
75716	349.33	53.30	296.03	Angiography, extremity, bilateral, radiological supervision and interpretation
75722	325.95	47.46	278.49	Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation
75724	359.55	64.18	295.37	Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation
75726	323.96	45.81	278.16	Angiography, visceral, selective or supraselective (with or without flush aortogram), radiological supervision and interpretation
75731	329.80	47.68	282.13	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation
75733	358.39	56.06	302.32	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation
75736	326.49	46.68	279.81	Angiography, pelvic, selective or supraselective, radiological supervision and interpretation
75741	320.31	53.08	267.23	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation
75743	338.57	67.04	271.53	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation
75746	320.32	45.81	274.51	Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation
75756	334.67	49.56	285.11	Angiography, internal mammary, radiological supervision and interpretation
75774	276.72	14.78	261.93	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)
75790	139.10	73.16	65.95	Angiography, arteriovenous shunt (eg, dialysis patient), radiological supervision and interpretation
75801	241.57	32.60	205.03	Lymphangiography, extremity only, unilateral, radiological supervision and interpretation

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 18.00: RADIOLOGY

CODE	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
75803	255.36	46.64	204.66	Lymphangiography, extremity only, bilateral, radiological supervision and interpretation
75805	266.98	32.62	231.18	Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation
75807	277.76	46.64	227.18	Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation
75809	65.61	18.51	47.09	Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation
75810	526.47	45.47	476.93	Splenoportography, radiological supervision and interpretation
75820	90.67	28.79	61.88	Venography, extremity, unilateral, radiological supervision and interpretation
75822	115.15	42.58	72.57	Venography, extremity, bilateral, radiological supervision and interpretation
75825	310.82	45.90	264.91	Venography, caval, inferior, with serialography, radiological supervision and interpretation
75827	310.72	45.14	265.57	Venography, caval, superior, with serialography, radiological supervision and interpretation
75831	312.26	45.36	266.90	Venography, renal, unilateral, selective, radiological supervision and interpretation
75833	335.25	60.08	275.18	Venography, renal, bilateral, selective, radiological supervision and interpretation
75840	311.48	45.57	265.91	Venography, adrenal, unilateral, selective, radiological supervision and interpretation
75842	335.82	59.98	275.84	Venography, adrenal, bilateral, selective, radiological supervision and interpretation
75860	318.12	47.25	270.87	Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation
75870	316.68	46.14	270.54	Venography, superior sagittal sinus, radiological supervision and interpretation
75872	330.86	48.40	282.46	Venography, epidural, radiological supervision and interpretation
75880	94.31	28.46	65.85	Venography, orbital, radiological supervision and interpretation
75885	324.60	57.70	266.90	Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation
75887	328.58	58.70	269.88	Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation
75889	312.70	45.81	266.90	Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation
75891	312.37	45.81	266.57	Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation
75893	288.69	21.79	266.90	Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation
75894	969.79	52.85	912.22	Transcatheter therapy, embolization, any method, radiological supervision and interpretation
75896	849.93	53.53	792.44	Transcatheter therapy, infusion, any method (eg, thrombolysis other than coronary), radiological supervision and interpretation
75898	111.60	67.09	39.65	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 18.00: RADIOLOGY

CODE	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
75900	802.94	19.62	781.44	Exchange of a previously placed intravascular catheter during thrombolytic therapy with contrast monitoring, radiological supervision and interpretation
75901	124.96	19.73	105.22	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation
75902	79.79	15.62	64.17	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation
75940	495.80	21.89	472.00	Percutaneous placement of IVC filter, radiological supervision and interpretation
75945	157.86	16.66	141.20	Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel
75946	103.89	16.54	53.66	Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure)
75952		180.58		Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation
75953		54.66		Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation
75954		89.20		Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, radiological supervision and interpretation
75956		286.02		Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation
75957		245.36		Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation
75958		163.06		Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation
75959		142.73		Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation
75960	336.81	33.89	302.91	Transcatheter introduction of intravascular stent(s) (except coronary, carotid, and vertebral vessel), percutaneous and/or open, radiological supervision and interpretation, each vessel
75961	408.48	169.89	238.60	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological supervision and interpretation

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 18.00: RADIOLOGY

CODE	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
75962	355.35	22.01	333.34	Transluminal balloon angioplasty, peripheral artery, radiological supervision and interpretation
75964	199.70	14.67	185.03	Transluminal balloon angioplasty, each additional peripheral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)
75966	393.04	54.74	338.30	Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation
75968	200.48	15.11	185.37	Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)
75970	471.70	33.63	435.28	Transcatheter biopsy, radiological supervision and interpretation
75978	351.16	21.46	329.70	Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation
75980	266.51	58.04	204.20	Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation
75982	288.85	58.04	226.59	Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation
75984	97.26	28.69	68.58	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation
75989	133.95	47.86	86.09	Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation
75992	612.18	22.67	588.34	Transluminal atherectomy, peripheral artery, radiological supervision and interpretation
75993	325.00	14.78	308.97	Transluminal atherectomy, each additional peripheral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)
75994	642.32	54.62	584.15	Transluminal atherectomy, renal, radiological supervision and interpretation
75995	643.75	53.20	585.57	Transluminal atherectomy, visceral, radiological supervision and interpretation
75996	325.25	14.45	309.55	Transluminal atherectomy, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)
76000	74.66	6.62	68.05	Fluoroscopy (separate procedure), up to 1 hour physician time, other than 71023 or 71034 (eg, cardiac fluoroscopy)
76001	128.42	27.39	98.85	Fluoroscopy, physician time more than 1 hour, assisting a nonradiologic physician (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)
76010	24.21	7.23	16.98	Radiologic examination from nose to rectum for foreign body, single view, child
76080	55.20	21.79	33.40	Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation
76098	18.02	6.34	11.69	Radiological examination, surgical specimen
76100	101.11	23.45	77.65	Radiologic examination, single plane body section (eg, tomography), other than with urography

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 18.00: RADIOLOGY

CODE	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
76101	135.75	23.12	112.63	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral
76102	177.45	22.79	154.66	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral
76120	62.98	15.34	47.64	Cineradiography/videoradiography, except where specifically included
76125	40.88	11.39	28.92	Cineradiography/videoradiography to complement routine examination (List separately in addition to code for primary procedure)
76140	I.C.			Consultation on X-ray examination made elsewhere, written report
76150	18.64			Xeroradiography
76350	I.C.			Subtraction in conjunction with contrast studies
76376	88.84	8.33	80.51	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; not requiring image postprocessing on an independent workstation
76377	114.52	32.71	81.81	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation
76380	173.45	39.14	134.31	Computed tomography, limited or localized follow-up study
76390	399.56	53.82	345.73	Magnetic resonance spectroscopy
76496	I.C.	I.C.	I.C.	Unlisted fluoroscopic procedure (eg, diagnostic, interventional)
76497	I.C.	I.C.	I.C.	Unlisted computed tomography procedure (eg, diagnostic, interventional)
76498	I.C.	I.C.	I.C.	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)
76499	I.C.	I.C.	I.C.	Unlisted diagnostic radiographic procedure
76506	93.76	26.16	67.60	Echoencephalography, real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents, and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated
76510	129.84	64.10	65.73	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter
76511	90.96	38.80	52.16	Ophthalmic ultrasound, diagnostic; quantitative A-scan only
76512	84.77	38.92	45.85	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)
76513	76.29	27.46	48.83	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy
76514	10.14	7.28	2.86	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)
76516	60.16	22.24	37.92	Ophthalmic biometry by ultrasound echography, A-scan;
76519	63.80	22.57	41.23	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation
76529	59.77	23.62	36.15	Ophthalmic ultrasonic foreign body localization
76536	88.63	22.02	66.61	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation
76604	72.24	22.07	50.17	Ultrasound, chest (includes mediastinum), real time with image documentation
76645	72.08	21.46	50.62	Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation
76700	112.90	32.41	80.50	Ultrasound, abdominal, real time with image documentation; complete

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 18.00: RADIOLOGY

CODE	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
76705	84.38	23.73	60.65	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)
76770	108.75	29.58	79.17	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete
76775	85.10	23.45	61.64	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited
76776	117.91	30.47	87.45	Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation
76800	101.54	42.88	58.66	Ultrasound, spinal canal and contents
76801	112.18	39.09	73.10	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation
76802	65.01	33.30	31.71	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
76805	121.78	39.09	82.70	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation
76810	83.26	38.81	44.45	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
76811	184.71	75.49	109.22	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation
76812	154.23	70.60	83.63	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
76813	110.18	47.25	62.93	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation
76814	69.79	38.31	31.48	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure)
76815	77.45	25.74	51.71	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), one or more fetuses
76816	88.78	33.85	54.92	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus
76817	85.44	29.52	55.92	Ultrasound, pregnant uterus, real time with image documentation, transvaginal
76818	102.39	41.97	60.42	Fetal biophysical profile; with non-stress testing
76819	82.55	30.74	51.81	Fetal biophysical profile; without non-stress testing
76820	56.24	20.23	36.02	Doppler velocimetry, fetal; umbilical artery

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 18.00: RADIOLOGY

CODE	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
76821	85.00	28.13	56.87	Doppler velocimetry, fetal; middle cerebral artery
76825	165.36	66.33	99.04	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;
76826	87.13	32.75	54.38	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study
76827	68.86	22.91	45.95	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete
76828	50.44	22.57	27.87	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study
76830	96.87	27.52	69.36	Ultrasound, transvaginal
76831	97.38	28.36	69.02	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed
76856	97.21	27.52	69.69	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete
76857	83.84	15.34	68.50	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)
76870	96.14	25.79	70.35	Ultrasound, scrotum and contents
76872	115.63	28.06	87.57	Ultrasound, transrectal;
76873	147.96	62.41	85.54	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)
76880	98.29	23.40	74.89	Ultrasound, extremity, nonvascular, real time with image documentation
76885	106.22	29.24	76.97	Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician manipulation)
76886	84.23	24.90	59.33	Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician manipulation)
76930	84.84	28.73	56.11	Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation
76932	87.09	29.06	57.32	Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation
76936	282.49	81.18	201.31	Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)
76937	29.37	12.33	17.05	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)
76940	153.92	84.00	62.13	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation
76941	117.31	53.14	57.64	Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation
76942	150.94	26.96	123.98	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation
76945	86.89	26.30	57.70	Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation
76946	47.95	15.01	32.94	Ultrasonic guidance for amniocentesis, imaging supervision and interpretation
76948	47.62	14.68	32.94	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation
76950	63.03	23.12	39.91	Ultrasonic guidance for placement of radiation therapy fields

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 18.00: RADIOLOGY

CODE	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
76965	164.53	54.35	110.18	Ultrasonic guidance for interstitial radioelement application
76970	65.19	15.57	49.63	Ultrasound study follow-up (specify)
76975	93.65	33.07	57.78	Gastrointestinal endoscopic ultrasound, supervision and interpretation
76977	18.58	2.27	16.30	Ultrasound bone density measurement and interpretation, peripheral site(s), any method
76998	152.77	48.87	98.69	Ultrasonic guidance, intraoperative
76999	I.C.	I.C.	I.C.	Unlisted ultrasound procedure (eg, diagnostic, interventional)
77001	81.83	15.13	66.71	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)
77002	61.70	20.80	40.90	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)
77003	55.64	22.36	33.29	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural, transforaminal epidural, subarachnoid, paravertebral facet joint, paravertebral facet joint nerve, or sacroiliac joint), including neurolytic agent destruction
77011	522.94	48.09	474.85	Computed tomography guidance for stereotactic localization
77012	224.23	46.69	177.54	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation
77013	510.31	160.26	337.06	Computed tomography guidance for, and monitoring of, parenchymal tissue ablation
77014	155.82	33.85	121.96	Computed tomography guidance for placement of radiation therapy fields
77021	410.19	60.69	349.51	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation
77022	631.89	171.51	446.76	Magnetic resonance guidance for, and monitoring of, parenchymal tissue ablation
77031	212.51	63.86	148.65	Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation
77032	56.30	22.35	33.95	Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation
77051	12.70	2.55	10.15	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure)
77052	12.70	2.55	10.15	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure)

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 18.00: RADIOLOGY

CODE	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
77053	79.37	14.45	64.92	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation
77054	107.79	17.96	89.83	Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation
77055	69.81	28.13	41.68	Mammography; unilateral
77056	88.23	34.74	53.48	Mammography; bilateral
77057	101.44	40.75	60.69	Screening mammography, bilateral (2-view film study of each breast)
77058	725.93	65.21	660.72	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral
77059	835.77	65.21	770.56	Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral
77071	28.62			Manual application of stress performed by physician for joint radiography, including contralateral joint if indicated
77072	19.85	7.50	12.35	Bone age studies
77073	34.65	11.06	23.59	Bone length studies (orthoroentgenogram, scanogram)
77074	57.32	18.29	39.03	Radiologic examination, osseous survey; limited (eg, for metastases)
77075	82.11	21.79	60.32	Radiologic examination, osseous survey; complete (axial and appendicular skeleton)
77076	72.57	27.80	44.78	Radiologic examination, osseous survey, infant
77077	41.16	12.39	28.77	Joint survey, single view, 2 or more joints (specify)
77078	139.09	9.84	129.25	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)
77079	71.00	8.67	62.32	Computed tomography, bone mineral density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)
77080	80.63	8.45	72.18	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)
77081	28.95	8.67	20.28	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)
77082	27.88	6.62	21.27	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment
77083	26.40	7.78	18.62	Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), 1 or more sites
77084	477.64	63.38	414.27	Magnetic resonance (eg, proton) imaging, bone marrow blood supply
77261	56.52			Therapeutic radiology treatment planning; simple
77262	85.09			Therapeutic radiology treatment planning; intermediate
77263	126.50			Therapeutic radiology treatment planning; complex
77280	159.01	28.01	131.00	Therapeutic radiology simulation-aided field setting; simple
77285	267.58	41.64	225.95	Therapeutic radiology simulation-aided field setting; intermediate
77290	391.14	61.81	329.32	Therapeutic radiology simulation-aided field setting; complex
77295	774.17	181.22	592.95	Therapeutic radiology simulation-aided field setting; 3-dimensional
77299	I.C.	I.C.	I.C.	Unlisted procedure, therapeutic radiology clinical treatment planning
77300	64.48	24.57	39.91	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician
77301	1719.80	317.35	1402.44	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 18.00: RADIOLOGY

CODE	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
77305	72.42	28.01	44.41	Teletherapy, isodose plan (whether hand or computer calculated); simple (one or two parallel opposed unmodified ports directed to a single area of interest)
77310	98.06	41.64	56.43	Teletherapy, isodose plan (whether hand or computer calculated); intermediate (three or more treatment ports directed to a single area of interest)
77315	135.01	61.81	73.19	Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)
77321	129.11	37.85	91.25	Special teletherapy port plan, particles, hemibody, total body
77326	123.19	36.96	86.22	Brachytherapy isodose plan; simple (calculation made from single plane, one to four sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)
77327	176.93	55.20	121.73	Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)
77328	246.17	83.21	162.96	Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)
77331	51.73	34.41	17.31	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician
77332	67.87	21.34	46.53	Treatment devices, design and construction; simple (simple block, simple bolus)
77333	71.03	33.24	37.79	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)
77334	144.83	49.14	95.69	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)
77336	71.64			Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy
77370	112.13			Special medical radiation physics consultation
77371	999.67			Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based
77372	758.64			Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based
77373	1415.51			Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions
77399	I.C.	I.C.	I.C.	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services
77401	39.44			Radiation treatment delivery, superficial and/or ortho voltage
77402	103.67			Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; up to 5 MeV
77403	94.07			Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 18.00: RADIOLOGY

CODE	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
77404	101.35			Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV
77406	102.02			Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater
77407	133.02			Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks; up to 5 MeV
77408	123.09			Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks; 6-10 MeV
77409	132.69			Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks; 11-19 MeV
77411	132.36			Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater
77412	153.76			Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 MeV
77413	155.09			Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV
77414	169.32			Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV
77416	169.32			Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater
77417	16.75			Therapeutic radiology port film(s)
77418	519.27			Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session
77421	110.47	15.62	94.85	Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy
77422	119.66			High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking
77423	163.70			High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)
77427	147.32			Radiation treatment management, five treatments
77431	76.62			Radiation therapy management with complete course of therapy consisting of one or two fractions only
77432	320.91			Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of one session)
77435	534.84			Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image guidance, entire course not to exceed 5 fractions
77470	301.15	83.21	217.94	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral, endocavitary or intraoperative cone irradiation)
77499	I.C.	I.C.	I.C.	Unlisted procedure, therapeutic radiology treatment management
77520	I.C.			Proton treatment delivery; simple, without compensation
77522	I.C.			Proton treatment delivery; simple, with compensation

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 18.00: RADIOLOGY

CODE	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
77523	I.C.			Proton treatment delivery; intermediate
77525	I.C.			Proton treatment delivery; complex
77600	277.14	61.81	215.33	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)
77605	450.55	81.64	368.91	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)
77610	404.61	59.50	345.11	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators
77615	572.63	82.22	490.42	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators
77620	284.35	63.07	221.29	Hyperthermia generated by intracavitary probe(s)
77750	268.25	196.23	72.02	Infusion or instillation of radioelement solution (includes 3 months follow-up care)
77761	278.26	149.44	128.82	Intracavitary radiation source application; simple
77762	386.77	227.74	159.02	Intracavitary radiation source application; intermediate
77763	545.23	341.32	203.92	Intracavitary radiation source application; complex
77776	318.06	183.17	134.89	Interstitial radiation source application; simple
77777	462.52	297.22	165.30	Interstitial radiation source application; intermediate
77778	662.90	445.87	217.03	Interstitial radiation source application; complex
77781	476.07	50.72	425.35	Remote afterloading high intensity brachytherapy; 1-4 source positions or catheters
77782	637.38	83.90	553.48	Remote afterloading high intensity brachytherapy; 5-8 source positions or catheters
77783	874.96	132.76	742.19	Remote afterloading high intensity brachytherapy; 9-12 source positions or catheters
77784	1295.42	207.58	1087.84	Remote afterloading high intensity brachytherapy; over 12 source positions or catheters
77789	80.55	45.69	34.86	Surface application of radiation source
77790	68.88	41.64	27.25	Supervision, handling, loading of radiation source
77799	I.C.	I.C.	I.C.	Unlisted procedure, clinical brachytherapy
78000	54.48	7.50	46.98	Thyroid uptake; single determination
78001	70.22	10.45	59.77	Thyroid uptake; multiple determinations
78003	60.38	13.07	47.31	Thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies)
78006	161.91	19.40	142.51	Thyroid imaging, with uptake; single determination
78007	113.40	20.01	93.39	Thyroid imaging, with uptake; multiple determinations
78010	115.32	15.62	99.70	Thyroid imaging; only
78011	133.31	17.96	115.36	Thyroid imaging; with vascular flow
78015	157.43	26.96	130.47	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)
78016	231.01	32.80	198.21	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)
78018	257.22	34.80	222.42	Thyroid carcinoma metastases imaging; whole body
78020	75.14	24.13	51.01	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)
78070	159.20	33.02	126.19	Parathyroid imaging
78075	313.91	29.58	284.33	Adrenal imaging, cortex and/or medulla
78099	I.C.	I.C.	I.C.	Unlisted endocrine procedure, diagnostic nuclear medicine
78102	124.63	22.07	102.56	Bone marrow imaging; limited area

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 18.00: RADIOLOGY

CODE	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
78103	172.23	30.19	142.04	Bone marrow imaging; multiple areas
78104	202.84	32.24	170.59	Bone marrow imaging; whole body
78110	59.12	7.84	51.28	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling
78111	88.82	9.00	79.82	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings
78120	73.89	9.28	64.60	Red cell volume determination (separate procedure); single sampling
78121	98.89	12.79	86.11	Red cell volume determination (separate procedure); multiple samplings
78122	134.35	18.29	116.06	Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)
78130	129.27	24.62	104.65	Red cell survival study;
78135	251.99	25.79	226.20	Red cell survival study; differential organ/tissue kinetics (eg, splenic and/or hepatic sequestration)
78140	139.38	24.62	114.76	Labeled red cell sequestration, differential organ/tissue (eg, splenic and/or hepatic)
78185	141.85	16.23	125.62	Spleen imaging only, with or without vascular flow
78190	278.28	42.74	235.55	Kinetics, study of platelet survival, with or without differential organ/tissue localization
78191	208.70	24.62	184.08	Platelet survival study
78195	257.36	48.36	209.00	Lymphatics and lymph nodes imaging
78199	I.C.	I.C.	I.C.	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine
78201	133.37	17.35	116.02	Liver imaging; static only
78202	156.72	20.29	136.43	Liver imaging; with vascular flow
78205	216.16	28.41	187.76	Liver imaging (SPECT);
78206	275.68	38.58	237.10	Liver imaging (SPECT); with vascular flow
78215	148.55	19.73	128.82	Liver and spleen imaging; static only
78216	128.14	22.63	105.51	Liver and spleen imaging; with vascular flow
78220	133.40	19.40	114.00	Liver function study with hepatobiliary agents, with serial images
78223	234.65	33.91	200.74	Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function
78230	123.38	17.96	105.43	Salivary gland imaging;
78231	120.24	20.57	99.66	Salivary gland imaging; with serial images
78232	124.68	18.85	105.84	Salivary gland function study
78258	167.66	29.91	137.75	Esophageal motility
78261	195.79	27.85	167.95	Gastric mucosa imaging
78262	197.17	26.91	170.26	Gastroesophageal reflux study
78264	218.50	31.35	187.15	Gastric emptying study
78267	I.C.			Urea breath test, C-14 (isotopic); acquisition for analysis
78268	I.C.			Urea breath test, C-14 (isotopic); analysis
78270	66.88	8.11	58.76	Vitamin B-12 absorption study (eg, Schilling test); without intrinsic factor
78271	67.54	7.78	59.75	Vitamin B-12 absorption study (eg, Schilling test); with intrinsic factor
78272	84.70	10.40	74.30	Vitamin B-12 absorption studies combined, with and without intrinsic factor
78278	262.64	39.75	222.89	Acute gastrointestinal blood loss imaging
78282		15.34		Gastrointestinal protein loss

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 18.00: RADIOLOGY

CODE	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
78290	218.73	27.57	191.16	Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)
78291	186.45	35.35	151.10	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)
78299	I.C.	I.C.	I.C.	Unlisted gastrointestinal procedure, diagnostic nuclear medicine
78300	135.51	24.90	110.61	Bone and/or joint imaging; limited area
78305	184.04	33.30	150.75	Bone and/or joint imaging; multiple areas
78306	205.72	34.80	170.92	Bone and/or joint imaging; whole body
78315	261.82	40.92	220.90	Bone and/or joint imaging; three phase study
78320	229.23	41.81	187.42	Bone and/or joint imaging; tomographic (SPECT)
78350	29.61	8.34	21.27	Bone density (bone mineral content) study, one or more sites; single photon absorptiometry
78351	11.57			Bone density (bone mineral content) study, one or more sites; dual photon absorptiometry, one or more sites
78399	I.C.	I.C.	I.C.	Unlisted musculoskeletal procedure, diagnostic nuclear medicine
78414		18.62		Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations
78428	154.33	33.01	121.32	Cardiac shunt detection
78445	124.40	19.73	104.66	Non-cardiac vascular flow imaging (ie, angiography, venography)
78456	252.52	40.69	211.83	Acute venous thrombosis imaging, peptide
78457	150.62	30.41	120.21	Venous thrombosis imaging, venogram; unilateral
78458	177.16	36.24	140.91	Venous thrombosis imaging, venogram; bilateral
78459	1113.95	62.48	1046.63	Myocardial imaging, positron emission tomography (PET), metabolic evaluation
78460	148.50	34.80	113.70	Myocardial perfusion imaging; (planar) single study, at rest or stress (exercise and/or pharmacologic), with or without quantification
78461	193.40	49.97	143.43	Myocardial perfusion imaging; multiple studies (planar), at rest and/or stress (exercise and/or pharmacologic), and redistribution and/or rest injection, with or without quantification
78464	259.73	45.85	213.87	Myocardial perfusion imaging; tomographic (SPECT), single study (including attenuation correction when performed), at rest or stress (exercise and/or pharmacologic), with or without quantification
78465	448.46	62.02	386.44	Myocardial perfusion imaging; tomographic (SPECT), multiple studies (including attenuation correction when performed), at rest and/or stress (exercise and/or pharmacologic) and redistribution and/or rest injection, with or without quantification
78466	146.07	28.51	117.56	Myocardial imaging, infarct avid, planar; qualitative or quantitative
78468	189.28	33.90	155.38	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique
78469	228.33	38.90	189.43	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification
78472	231.31	40.46	190.85	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing
78473	325.14	61.52	263.62	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification
78478	59.57	22.33	37.24	Myocardial perfusion study with wall motion, qualitative or quantitative study (List separately in addition to code for primary procedure)

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 18.00: RADIOLOGY

CODE	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
78480	52.00	14.76	37.24	Myocardial perfusion study with ejection fraction (List separately in addition to code for primary procedure)
78481	210.47	42.23	168.24	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
78483	303.85	63.96	239.90	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
78491	1113.54	63.35	1045.34	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress
78492	1362.46	80.85	1281.62	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress
78494	267.85	50.18	217.67	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing
78496	155.24	21.01	134.24	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)
78499	I.C.	I.C.	I.C.	Unlisted cardiovascular procedure, diagnostic nuclear medicine
78580	171.17	29.91	141.26	Pulmonary perfusion imaging, particulate
78584	140.74	39.75	100.99	Pulmonary perfusion imaging, particulate, with ventilation; single breath
78585	280.29	43.75	236.54	Pulmonary perfusion imaging, particulate, with ventilation; rebreathing and washout, with or without single breath
78586	128.49	15.90	112.59	Pulmonary ventilation imaging, aerosol; single projection
78587	156.50	19.73	136.76	Pulmonary ventilation imaging, aerosol; multiple projections (eg, anterior, posterior, lateral views)
78588	237.65	43.75	193.90	Pulmonary perfusion imaging, particulate, with ventilation imaging, aerosol, one or multiple projections
78591	133.13	16.23	116.90	Pulmonary ventilation imaging, gaseous, single breath, single projection
78593	157.36	19.40	137.95	Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; single projection
78594	193.74	21.18	172.56	Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; multiple projections (eg, anterior, posterior, lateral views)
78596	312.31	50.10	262.21	Pulmonary quantitative differential function (ventilation/perfusion) study
78599	I.C.	I.C.	I.C.	Unlisted respiratory procedure, diagnostic nuclear medicine
78600	138.55	17.68	120.87	Brain imaging, less than 4 static views;
78601	166.52	20.29	146.23	Brain imaging, less than 4 static views; with vascular flow
78605	158.80	21.51	137.29	Brain imaging, minimum 4 static views;
78606	231.93	25.46	206.47	Brain imaging, minimum 4 static views; with vascular flow
78607	301.49	49.31	252.18	Brain imaging, tomographic (SPECT)
78608	1035.64	59.71	975.94	Brain imaging, positron emission tomography (PET); metabolic evaluation
78609		59.38		Brain imaging, positron emission tomography (PET); perfusion evaluation
78610	151.11	12.89	138.22	Brain imaging, vascular flow only
78630	255.85	27.24	228.61	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography
78635	212.16	24.74	187.42	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 18.00: RADIOLOGY

CODE	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
78645	220.51	22.63	197.88	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation
78647	276.97	35.91	241.06	Cerebrospinal fluid flow, imaging (not including introduction of material); tomographic (SPECT)
78650	244.98	24.62	220.35	Cerebrospinal fluid leakage detection and localization
78660	126.39	21.18	105.21	Radiopharmaceutical dacryocystography
78699	I.C.	I.C.	I.C.	Unlisted nervous system procedure, diagnostic nuclear medicine
78700	142.24	18.29	123.95	Kidney imaging morphology;
78701	168.94	19.73	149.21	Kidney imaging morphology; with vascular flow
78707	202.77	38.58	164.19	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention
78708	178.18	48.75	129.42	Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)
78709	274.36	56.54	217.82	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)
78710	214.77	26.35	188.42	Kidney imaging morphology; tomographic (SPECT)
78725	84.25	15.34	68.91	Kidney function study, non-imaging radioisotopic study
78730	65.27	7.60	57.67	Urinary bladder residual study (List separately in addition to code for primary procedure)
78740	150.90	22.84	128.06	Ureteral reflux study (radiopharmaceutical voiding cystogram)
78761	164.49	28.41	136.08	Testicular imaging with vascular flow
78799	I.C.	I.C.	I.C.	Unlisted genitourinary procedure, diagnostic nuclear medicine
78800	155.25	26.56	128.68	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area
78801	202.33	32.06	170.26	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); multiple areas
78802	262.40	34.46	227.93	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, single day imaging
78803	295.27	44.08	251.19	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT)
78804	472.20	42.97	429.23	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, requiring two or more days imaging
78805	155.33	29.30	126.03	Radiopharmaceutical localization of inflammatory process; limited area
78806	282.01	34.46	247.55	Radiopharmaceutical localization of inflammatory process; whole body
78807	294.72	43.86	250.86	Radiopharmaceutical localization of inflammatory process; tomographic (SPECT)
78811	1034.30	62.89	971.40	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
78812	1051.95	78.08	973.87	Positron emission tomography (PET) imaging; skull base to mid-thigh
78813	1055.35	81.03	974.33	Positron emission tomography (PET) imaging; whole body
78814	1062.14	88.60	973.54	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
78815	1072.35	98.28	974.08	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 18.00: RADIOLOGY

CODE	GLOBAL FEE	PC FEE	TC FEE	DESCRIPTION
78816	1075.60	100.61	974.99	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body
78890	31.37	2.27	29.10	Generation of automated data: interactive process involving nuclear physician and/or allied health professional personnel; simple manipulations and interpretation, not to exceed 30 minutes
78891	64.40	4.00	60.40	Generation of automated data: interactive process involving nuclear physician and/or allied health professional personnel; complex manipulations and interpretation, exceeding 30 minutes
78999	I.C.	I.C.	I.C.	Unlisted miscellaneous procedure, diagnostic nuclear medicine
79005	139.06	71.49	67.57	Radiopharmaceutical therapy, by oral administration
79101	149.82	79.60	70.21	Radiopharmaceutical therapy, by intravenous administration
79200	152.19	79.66	72.53	Radiopharmaceutical therapy, by intracavitary administration
79300		65.66		Radiopharmaceutical therapy, by interstitial radioactive colloid administration
79403	201.71	92.10	109.61	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion
79440	146.02	80.44	65.58	Radiopharmaceutical therapy, by intra-articular administration
79445	203.70	97.04	97.95	Radiopharmaceutical therapy, by intra-arterial particulate administration
79999	I.C.	I.C.	I.C.	Radiopharmaceutical therapy, unlisted procedure
A4641	I.C.			Radiopharmaceutical, diagnostic, not otherwise classified
A9500	I.C.			Technetium Tc-99m sestamibi, diagnostic, per study dose, up to 40 millicuries
A9502	I.C.			Technetium Tc-99m tetrofosmin, diagnostic, per study dose, up to 40 millicuries
A9503	I.C.			Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 millicuries
A9505	I.C.			Thallium Tl-201 thallos chloride, diagnostic, per millicurie
A9512	I.C.			Technetium Tc-99m pertechnetate, diagnostic, per millicurie
A9537	I.C.			Technetium Tc-99m mebrofenin, diagnostic, per study dose, up to 15 millicuries
R0070	32.00			Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen

18.05: Severability

The provisions of 114.3 CMR 18.00 are hereby declared to be severable and if any such provisions or the application of such provisions to any person or circumstances shall be held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions to eligible providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

114.3 CMR 18.00: M.G.L. c. 118G.